

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/539333
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1				
3		2				
4		2				
5		0				
6		1				
7		0				
8		0				
9		0				
10		0				
11	1					
12		1				
13		2				
14		2				
15		0				
16		0				
17		0				
18		0				
19		0				
20			1			
21			1			
22			1			
23			2			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	21	◀	16	◀		◀
TOTAL CLAIMS	23		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
52						
53						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						